

PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0226
Expires 4/30/2011

1.0 PHA Information PHA Name: NEWPORT HOUSING AUTHORITY PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing PHA Fiscal Year Beginning: (MM/YYYY): 10/2010	PHA Code: TN60 <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)					
VERSION 1 – submitted to HUD June 28, 2010						
2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 400	Number of HCV units: 0					
3.0 Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only						
4.0 PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)						
Participating PHAs PHA 1: PHA 2: PHA 3:	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		
				PH	HCV	
5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.						
5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission policy, or statement, of the Newport Housing Authority is to serve the citizens of Newport and Cocke County, TN by: <ul style="list-style-type: none"> <input type="radio"/> Providing well maintained affordable housing in a safe environment <input type="radio"/> Revitalizing and maintaining neighborhoods <input type="radio"/> Forming effective partnerships to maximize social, educational and economic opportunities This mission shall be accomplished by a fiscally responsible, creative organization committed to excellence in public service.						
5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ol style="list-style-type: none"> a. Reduce public housing vacancies b. Improve public housing management by enhanced stewardship of resources, increased training opportunities for staff, and raised standards of excellence in performance. c. Increase customer service satisfaction by decrease of time between requests for services and services rendered, improved quality of task performance and greater good-will between tenants and staff. d. Fast track renovation and modernization efforts. e. Promote self-sufficiency and asset development of assisted households-flat rents and earned income disallowances are a few of the tools used by NHA to promote self-sufficiency. f. Provide an improved living environment—reasonable accommodations for residents with special needs, capital improvements and regular maintenance. 						

	PHA Plan Update
6.0	<p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Newport Housing Authority Main Office, 440 Lennon Circle, Newport, Tennessee.</p> <p>6.1-6.13 attached.</p>
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> N/A
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attached.</p> <p>TN37-P060-501-08 P & E Report, date ending 03/31/2010 TN37-S060-501-09 P & E Report, date ending 03/31/2010 TN37-P060-501-09 P & E Report, date ending 03/31/2010 TN37-P060-501-10 Annual Statement</p>
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attached.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Attached

	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Newport Housing Authority (NHA) employs effective maintenance and management policies to minimize the number of units off-line, reduce turnover time of vacancies, providing maximum number of units available to house those in need.</p> <ol style="list-style-type: none"> 1. Maximize the number of affordable units available by employing effective maintenance and management policies to minimize the number of units off-line, reducing turnover time, and renovation time. 2. Carry out modifications needed based on Section 504 Needs Assessment which includes reasonable accommodation. 3. These strategies were influenced by: <ul style="list-style-type: none"> • The Economy • Funding constraints • Staffing constraints • Limited availability of sites for assisted housing • Extent to which particular housing needs are met by other organizations in the community • Local housing market • Results of consultation with residents
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	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <ol style="list-style-type: none"> 1. The NHA has been successful in leveraging other funds to create additional housing opportunities. The Rhea-Mims Hotel project, consisting of 17 low-income elderly units, was completed in 2002. For families, who are uniquely concerned about the safety and durability of elderly members, they are so relieved to know that the Hotel has security entrances and a very close-knit community of residents who look out for one another. 2. The NHA continues to undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status and disability. 3. The NHA continues to renovate public housing property. A very capable work crew, utilizing force account, is continuing to upgrade units and surrounding areas. <p>10.0</p> <ol style="list-style-type: none"> 4. The NHA continues to implement security measures with one central office staff Compliance Officer who works closely with Law Enforcement Personnel to enforce all compliance issues and to evict tenants who violate any local, state and federal laws. 5. The NHA has some tangential properties which are leased to agencies' whose philosophy and mission is to serve low-income families in the community and specifically NHA Residents. Present renters are the Newport Boys and Girls Club, the Tennessee Department of Children Services, the American Red Cross and Safe Harbor, a child abuse treatment center. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The following are considered to be significant amendments or modifications:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of the waiting list. • Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement Reserve funds under the Capital Fund. • Any change with regard to demolition or disposition, designation, homeownership programs or conversions activities. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Attached</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Attached</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Attached</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Attached</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) N/A</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. Attached</p> <p>(g) Challenged Elements – There were no challenged elements of the 2010 Agency Plan.</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Attached</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) Attached</p>

6.1 Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures

PUBLIC HOUSING

Eligibility

Eligibility for admission is verified at time of application

The following non-income screening factors are used to establish eligibility for admission to public housing:

- Criminal or drug-related activity
- Rental history
- Housekeeping
- Credit history

Waiting List

Newport Housing Authority (NHA) has a community-wide waiting list. Interested persons may apply for admission at the main administrative office.

Admissions Preferences

NHA does not plan to exceed the federal targeting requirements by targeting more than 40% of all new admission to public housing to families at or below 30% of median area income.

Order of Selection

- Bedroom size needed to fill the vacancy
- Designation of unit for use by the elderly or handicapped, if applicable
- Applicants gainfully employed in public or private works earning salary or wages
- All other families
- Date and time of application, all other circumstances being equal

Occupancy

The following reference materials can be used to obtain information about the rules of occupancy of public housing:

- The PHA-resident lease
- The PHA's Admissions and Continued Occupancy Policy
- PHA briefing seminars or written materials
- Video

Deconcentration and Income Mixing

The Newport Housing Authority's policy to provide for deconcentration of poverty will consist of the following:

- A. Targeting: The income levels of families on the waiting list will be analyzed so that not less than 40% of admissions in any fiscal year will be families whose income does not exceed 30% of median income for the area.
- B. Income Mixing: Prior to the beginning of each fiscal year the LHA will analyze the income levels of families residing in each development to bring higher income families into lower income developments and lower income families into higher income developments.

The LHA will strive to insure that no individual development has a concentration of higher or lower income families. The LHA may skip families on the waiting list to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminatory manner.

The LHA will affirmatively market public housing to all eligible income groups. If necessary, the LHA will determine the level of additional marketing strategies and deconcentration incentives to implement the objective of this policy.

6.2 Financial Resources

The NHA expects to expend approximately \$2,800,000 in the year 2010 for operations, capital improvements and administrative costs.

6.3 Rent Determination

PUBLIC HOUSING

NHA employs discretionary policies for determining income-based rent by having a minimum rent of \$50.00.

NHA uses HUD's required minimum rent hardship exemptions.

The following discretionary deductions are employed:

- For the earned income of a previously unemployed household member
- For increases in earned income

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families

Ceiling Rents

The NHA does not have ceiling rents

Rent Re-Determinations

If the family elected income-based rent, they must report all changes in income and family composition at family option and any time the family experiences an income increase

Flat Rents

NHA established flat rents by using:

- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Fair Market Rents (FMR)

6.4 Operation and Management

Organizational Chart on following page:

6.5 Grievance Procedures

The NHA has revised its Grievance Procedure to comply with the QHWRA and will continue to make revisions as additional issues are addressed by HUD regulations.

6.6 Designated Housing for Elderly and Disabled Families

The NHA plans to maintain the current elderly/disabled designation that applies to a portion of their units. The NHA has no plans to designate additional units at this time.

6-12-10

NEWPORT, TN HOUSING AUTHORITY

U.S. Dept. of Housing & Urban Development
(HUD)



Board of Commissioners (5) appointed by Mayor



Executive Director (hired by Board of Commissioners)



E. D. Administrative Assistant and Purchasing Agent

Supervisor of Maintenance Department



Maintenance Department Employees (9)
Temporary (4)

MOD Coordinator Force Account, CFP



CFP Employees (4)
Temporary (7)

Occupancy Department



Housing Manager
Occupancy Coordinator

Receptionist/Teller

Bookkeeper/Assistant
Compliance/Security Coordinator

Collections/Labor Relations/Personnel Assistant

Resident Services Coordinator



Community Cares & VISTA

6.7 Community Service and Self-Sufficiency

The NHA has developed a Community Service Program that is in compliance with HUD requirements. Additionally, the NHA has adopted a policy relative to the community service requirement mandated by the QHWRA through regulations published in the Federal Register on March 29, 2000.

6.8 Safety and Crime Prevention

The NHA has a full-time compliance/security officer that visits all of the sites of public housing. A new office has been built that aids both safety and security for residents and employees.

6.9 Pet Policy

The NHA has a policy related to tenant-owned pets. This policy permits all NHA residents to own pets as mandated by the QHWRA through regulations published in the Federal Register on July 10, 2000 and is subject to compliance with specific requirements of NHA's pet lease, which is available at the PHA Main Administrative Office.

6.10 Civil Rights Certification

HUD-50077 (Attached).

6.11 Fiscal Year Audit

The NHA's most recent audit is on file at the local HUD office in Knoxville, Tennessee and is available for review at the main office during normal business hours. There were no findings.

6.12 Asset Management

It is the goal of the NHA to manage our assets (physical property, financial resources and manpower) as efficiently as possible to meet the intent of our mission statement, which is to serve the citizens of Newport and Cocke County, Tennessee by:

- ❖ Providing well maintained affordable housing in a safe environment
- ❖ Revitalizing and maintaining neighborhoods
- ❖ Forming effective partnerships to maximize social, education and economic opportunities

6.13 Violence Against Women Act (VAWA)

Statement on following page

**Newport, TN Housing Authority
440 Lennon Circle
Newport, TN 37821**

Statement Regarding the Violence against Women Act of 2005 (VAWA)

Notice PIH 2008-41 (HA), 11-13-2008, PHA 5-year and Annual Plan Process..., Section 7, page 7, gives instructions for VAWA compliance. Senator Joe Biden, currently Vice-President, succeeded in this legislation's passage and President Bush signing it on January 3, 2005. This is another "unfunded mandate" for PHAs as are other requirements such as the Davis Bacon and DOL compliance.

On October 23, 2006, an article was included in a newsletter, NHA News with a brochure dated January 5, 2006, entitled What Applicants, Tenants, owners and Landlords Need to Know (about VAWA). This brochure is currently being distributed to housing applicants and residents.

If the NHA is made aware of any "child and adult victims of domestic violence, dating violence, sexual assault, or stalking", a written report is to be placed with the housing application or in the tenant file. The NHA now has a Security/Compliance Officer, who will be responsible for investigating, recording incidents of abuse, referral to appropriate agencies such as Safe Space, TN Dept. of Children Services (DCS)(DCS is one of the NHA's current lessees), local law enforcement agencies, etc. However, if the NHA is not made aware of abuses, it cannot act upon or assist the individuals. Most incidents are not reports to the NHA; however, local news sources, newspaper, radio and law enforcement reports may serve as reliable records. During 2010, the NHA has worked with local officials to open a local office for the Safe Harbor Child Advocacy agency. NHA's former administration office at 375 Alex Street has been leased, renovations have been made to make the facility more child-friendly and the office has opened to service families of Newport and Cocke County. A cooperative working relationship between the NHA staff and the TN Department of Children Services has been established."

*Original Statement dated June 29, 2009. This statement was updated in 2010.

9.0 Strategy for Addressing Housing Needs

Housing Needs of Families on the Waiting List			
<p>Waiting list type: (select one)</p> <p><input type="checkbox"/> Section 8 tenant-based assistance</p> <p><input checked="" type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Combined Section 8 and Public Housing</p> <p><input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)</p> <p>If used, identify which development/subjurisdiction:</p>			
	# of families	% of total families	Annual Turnover
Waiting list total	81		131
Extremely low income <=30% AMI	62	76.5%	
Very low income (>30% but <=50% AMI)	12	14.8%	
Low income (>50% but <80% AMI)	7	8.6%	
Families with children	46	71.6%	
Elderly families	5	6.2%	
Families with Disabilities	12	14.8%	
Race/ethnicity W	74	91.4%	
Race/ethnicity B	7	8.6%	
Race/ethnicity H	1	1.2%	
Race/ethnicity			
<p>Characteristics by Bedroom Size (Public Housing Only)</p>			
1BR	27	33.3%	53
2 BR	34	42.0%	51
3 BR	16	19.8%	15
4 BR	4	4.9%	6
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P060501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFFP Funds		1,000.00		
2	1406 Operations (may not exceed 20% of line 21) ³		1,000.00		
3	1408 Management Improvements		67,636.00		
4	1410 Administration (may not exceed 10% of line 21)		1,000.00		
5	1411 Audit		4,765.00		
6	1415 Liquidated Damages		0.00		
7	1430 Fees and Costs		14,475.00		
8	1440 Site Acquisition		0.00		
9	1450 Site Improvement		2,000.00		
10	1460 Dwelling Structures		382,527.00		
11	1465.1 Dwelling Equipment—Nonependable		0.00		
12	1470 Non-dwelling Structures		151,091.00		
13	1475 Non-dwelling Equipment		0.00		
14	1485 Demolition		0.00		
15	1492 Moving to Work Demonstration		0.00		
16	1495.1 Relocation Costs		0.00		
17	1499 Development Activities ⁴		0.00		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226

Part I. Summary			
PHA Name: Newport Housing Authority	Grant Type and Number: Capital Fund Program Grant No.: TN37-P060-501-10 Replacement Housing Factor Grant No.: Date of CFFP:	<input checked="" type="checkbox"/> FFY of Grant:2010 <input type="checkbox"/> FFY of Grant Approval: 2010	
Type of Grant	<input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Summary by Development Account		
Line		Total Estimated Cost	Total Actual Cost ¹
	Original	Revised ²	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	
19	1502 Contingency (may not exceed 8% of line 20)	0.00	
20	Amount of Annual Grant: (sum of lines 2 - 19)	624,494.00	
21	Amount of line 20 Related to LBP Activities	0.00	
22	Amount of line 20 Related to Section 504 Activities	0.00	
23	Amount of line 20 Related to Security - Soft Costs	45,636.00	
24	Amount of line 20 Related to Security - Hard Costs	0.00	
25	Amount of line 20 Related to Energy Conservation Measures	10,600.00	
Signature of Executive Director <i>Chad W. Boggs</i>		Date 06/21/2010 <i>06/21/10</i>	Signature of Public Housing Director <i></i>
Date			

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

23 & 24 – No explanation of “soft” and “hard” costs

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010			
PHA Name: Newport Housing Authority		Capital Fund Program Grant No: TN37-P060-501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated ¹	Status of Work
TN060-001 Col. C.T. Rhyne Homes	Replace plaster ceiling (balance to 2014) Replace AC, in 3 & 4 BR	1460 1460	As needed 43	8,111 109,109			
	Meter head & disconnect change out	1460	13	52,948			
TN060-002 Dr. Dennis Branch Homes	Front & rear door (frames only) Closet doors and headers	1460 1460	16 8	4,286 3,500			
	Replace AC, 3 & 4 BR	1460	4	10,600			
TN060-003 Mayor Fred M. Valentine Jr. Homes	Replace AC, 3 & 4 BR	1460	4	10,600			
TN060-004 Myers & Runnion Homes	Re-roof Replace AC in 3 & 4 BR	1460 1460	50 11	100,000 29,150			
TN060-005 Elizabeth S. Jones Homes	Replace AC in 3 & 4 BR Ranges Refrigerators (\$371)	1460 1460 1460	12 71 71	31,800 14,910 22,507			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Part II: Supporting Pages		Federal FFY of Grant: 2010					
PHA Name: Newport Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-P060-501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
PHA-WIDE							
Operations	VISTA Volunteer	1406 1408	1 1	1,000.00 0			
Neighborhood Watch Program	PHA Security	1408 1408	1 1	0.00 45,636.00			
Improve Rent Collections	Resident Services Coordinator	1408 1408	1 1	0.00 0.00			
Fringe Benefits (1) Mod Supervisor, Const. Crew	Crime/Security Equipment, Resident Council	1408 1408	LS LS	63,580.00 0.00			
Staff Training (as needed)		1408	LS	0.00			
Mod supervisor (4%)		1408	1	36,775.00			
TCAC AmeriCorps, CCP (2) (1408)		1408	1	18,000.00			
Sundry/Advertising		1410 1430	LS LS	1,000.00 3,000.00			
A/E Firm		1430	LS	4,785.00			
Audit (30%)		1502	LS	0.00			
Contingency							
Replacement Reserves							
Automobile Liability Insurance		1460.A513	LS	600			
Gasoline		1460.G513	LS	3,000.00			
Annual/Sick Leave		1460.L513	LS	13,570.00			
Vehicle Repair		1460.V513	LS	2,000.00			
Workmen Comp		1460.W513	LS	6,175.00			

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

²To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Newport Housing Authority

Part III: Implementation Schedule for Capital Fund Financing Program				Federal FFY of Grant: 2010
				Reasons for Revised Target Dates ¹
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN060-001	07/14/2012		07/14/2014	
TN060-002	07/14/2012		07/14/2014	
TN060-003	07/14/2012		07/14/2014	
TN060-004	07/14/2012		07/14/2014	
TN060-005	07/14/2012		07/14/2014	
TN060-006	07/14/2012		07/14/2014	
TN060-007	07/14/2012		07/14/2014	
TN060-009	07/14/2012		07/14/2014	
PHA-WIDE	07/14/2012		07/14/2014	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan**Part I: Summary**

PHA Name/Number		Locality (City/County & State) Newport, Cocke, Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013
B.	Physical Improvements	Annual Statement	463,030	360,045	336,145
	Subtotal				404,649
C.	Management Improvements		164,991	164,991	164,991
D.	PHA-Wide Non-dwelling Structures and Equipment		70,000	70,000	70,000
E.	Administration		1,000	1,000	1,000
F.	Other		7,785	7,785	7,785
G.	Operations		1,000	1,000	1,000
H.	Demolition		0	0	0
I.	Development		0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0
K.	Total CFP Funds				
L.	Total Non-CFP Funds		0	0	0
M.	Grand Total	707,806	604,821	620,921	649,425

Capital Fund Program—Five-Year Action Plan

Part I: Summary (Continuation)

PHA Name/Number Newport Housing Authority TN060		Locality (City/county & State) Newport, Cocke, Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A. Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
	Annual Statement				
PHA-WIDE		220,121	220,121	220,121	220,121
TN060-001		207,225	194,800	321,800	110,904
TN060-002		17,250	3,200	12,500	41,000
TN060-003		138,525	18,400	2,875	80,800
TN060-004		11,925	51,500	3,125	61,600
TN060-005		37,800	28,400	4,500	40,000
TN060-006		15,960	22,400	3,500	20,000
TN060-007		59,000	66,000	52,500	75,000
TN060-009		0	0	0	0
TOTAL FOR PLANNING PURPOSES		707,806	604,821	620,921	649,425

Capital Fund Program—Five-Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year: 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name Categories	Quantity	Estimated Cost	Development Number/Name Categories	Quantity	Estimated Cost
See Annual Statement						
TN060-001	Col. C.T. Rhyne Homes			TN060-001		
Meterhead & disconnect change out	25	100,000	Meterhead & disconnect change out	25	100,000	
Replace original and storm windows		50,000	Replace TV/Phone cables	112	22,400	
Vanity base for lavatory	121	27,225	Replace original and storm windows		50,000	
Front & rear door frames (from 2008)	37	30,000	Wall heater disconnect	112	22,400	
	SUB-TOTAL		207,225	SUB-TOTAL		194,800
TN060-002				TN060-002		
Dr. Dennis Branch Homes				Dr. Dennis Branch Homes		
Vanity base for lavatory	10	2,250	Replace TV/Phone cables		8	1,600
Replace original & storm windows		15,000	Wall heart disconnect		8	1,600
	SUB-TOTAL		17,250	SUB-TOTAL		3,200
TN060-003				TN060-003		
Mayor Fred M. Valentine Jr. Homes				Mayor Fred M. Valentine Jr. Homes		
Roofing (46) and construct front porch overhang (19-2BR @ \$3,275 ea) 27	27	65,500	Replace TV/Phone cables		46	9,200
Vanity base for lavatory	49	54,000				
Replace steel bathtubs		11,025	Wall heater disconnect		46	9,200
		8,000				
	SUB-TOTAL		138,525	SUB-TOTAL		18,400
	Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$	

Capital Fund Program—Five-Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year: 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TN060-004			TN060-004		
	Myers & Runnion Homes			Myers & Runnion Homes		
	Vanity base for lavatory	53	11,925	Replace TV/Phone cables	50	10,000
				Replace balance of original sewer lines	21	31,500
				Wall heater disconnect	50	10,000
	SUB-TOTAL		11,925	SUB-TOTAL		51,500
	TN060-005			TN060-005		
	Elizabeth S. Jones Homes			Elizabeth S. Jones Homes		
	Vanity base for lavatory	72	37,800	Replace TV/Phone cables	71	14,200
				Wall heater disconnect	71	14,200
	SUB-TOTAL		37,800	SUB-TOTAL		28,400
	TN060-006			TN060-006		
	James W. Briggs Homes			James W. Briggs Homes		
	Ext. porch receptacles (front and rear)	112	3,360	Replace TV/Phone cables	56	11,200
	Vanity base for lavatory	56	12,600	Wall heater disconnect	56	11,200
	SUB-TOTAL		15,960	SUB-TOTAL		22,400
	Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$	

Capital Fund Program—Five-Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FY 2010	Work Statement for Year: 4 FFY 2013			Work Statement for Year: 5 FFY 2014			
	Development Number/Name Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Development Number/Name Categories	Quantity	Estimated Cost
See Annual Statement	TN060-001 Col. C.T. Rhyne Homes			TN060-001 Col. C.T. Rhyne Homes			
	Attic entrance inside	60	6,000	Replace original sewer, vent pipes	112	7,515	
	Replace kitchen drain as needed	As needed	44,800	Replace plaster ceilings	As needed	6,889	
	Meterhead & disconnect change out	30	121,000	Front/rear door frames only	37	30,000	
	Maintenance garage		40,000	Closet door hardware anchors	112	16,500	
	Metal gutter guards or rain diverters	56	7,000	Kitchen cabinets	L.S.	50,000	
	6 ft. fence around 2 headwalls (drains)		3,000				
	New windows		100,000				
	SUB-TOTAL		321,800	SUB-TOTAL		110,904	
	TN060-002			TN060-002			
	Dr. Dennis Branch Homes			Dr. Dennis Branch Homes			
	Replace kitchen drain as needed	8	3,200	Replace original sewer, vent pipe	8	1,000	
	Replace 100 AMP boxes	8	8,800	Kitchen cabinets	L.S.	20,000	
	Metal gutter guards or rain diverters	4	500	New windows	L.S.	20,000	
	SUB-TOTAL		12,500	SUB-TOTAL		41,000	
	TN060-003			TN060-003			
	Mayor Fred M. Valentine Jr. Homes			Mayor Fred M. Valentine Jr. Homes			
	Metal gutter guards or rain diverters	23	2,875	Replace original & storm windows	279	55,800	
	SUB-TOTAL		2,875	Kitchen cabinets	L.S.	25,000	
	Subtotal of Estimated Cost	\$		SUB-TOTAL		80,800	
				Subtotal of Estimated Cost	\$		

Capital Fund Program—Five-Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TN060-004			TN060-004		
	Myers & Runnion Homes			Myers & Runnion Homes		
	Metal gutter guards or rain diverters	25		3,125	Replace original & storm windows	278
					Replace original sewer lines	4
						55,600
						6,000
				SUB-TOTAL	3,125	SUB-TOTAL
						61,600
				TN060-005		
	Elizabeth S. Jones Homes			Elizabeth S. Jones Homes		
	Metal gutter guards or rain diverters	36		4,500	Kitchen cabinets	LS
					New windows	LS
						20,000
						20,000
				SUB-TOTAL	4,500	SUB-TOTAL
						40,000
				TN060-006		
	James W. Briggs Homes			James W. Briggs Homes		
	Metal gutter guards or rain diverters	28		3,500	Kitchen cabinets	LS
					New windows	LS
						10,000
						10,000
				SUB-TOTAL	3,500	SUB-TOTAL
						20,000
				Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost
						\$

Capital Fund Program—Five-Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

Capital Fund Program—Five-Year Action Plan

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FY 2010	Work Statement for Year: 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name	General Description of Major Work Categories	Estimated Cost	Development Number/Name	General Description of Major Work Categories	Estimated Cost
See Annual Statement	PHA-WIDE			PHA-WIDE		
Operations (1406)		1,000	Operations (1406)		1,000	
VISTA volunteer		0	VISTA volunteer		0	
Neighborhood Watch Program (1)		0	Neighborhood Watch Program (1)		0	
PHA Security		46,636	PHA Security		46,636	
Improve Rent Collections (1)		0	Improve Rent Collections (1)		0	
Resident Services Coordinator (1)		0	Resident Services Coordinator (1)		0	
Fringe Benefits (1) mod Supervisor, Const. crew		63,580	Fringe Benefits (1) mod Supervisor, Const. crew		63,580	
Crime/Security Equipment, Resident Council		0	Crime/Security Equipment, Resident Council		0	
Sundry/Advertising		1,000	Sundry//Advertising		1,000	
Staff Training (as needed)		0	Staff Training (as needed)		0	
Mod Supervisor (4%)		36,775	Mod Supervisor (4%)		36,775	
A/E Firm		3,000	A/E Firm		3,000	
Audit (30%)		4,785	Audit (30%)		4,785	
Contingency		0	Contingency		0	
Replacement Reserves		0	Replacement Reserves		0	
TCAC AmeriCorps, CCP (2) (1408)		18,000	TCAC AmeriCorps, CCP (2) (1408)		18,000	
Automobile Liability Insurance	1460.A516	600	Automobile Liability Insurance	1460.A517	600	
Gasoline	1460.G516	3,000	Gasoline	1460.G517	3,000	
Annual/Sick Leave	1460.L516	13,570	Annual/Sick Leave	1460.L517	13,570	
Vehicle Repair	1460.V516	2,000	Vehicle Repair	1460.V517	2,000	
Workmen Comp	1460.W516	6,175	Workmen Comp	1460.W517	6,175	
Relocation, TN60-001 & TN60-002, est. 50% (60)		24,000	Vehicle (1)		20,000	
Vehicle (1)		20,000				
	Subtotal of Estimated Cost	\$219,121	Subtotal of Estimated Cost		\$219,121	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I:
Summary**

PHA Name: Newport, TN Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-P060-501-08 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no :) B (fungibility) 3/31/10 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-10 <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
		Original	Revised
1	Total non-CFP Funds	0	
2	1406 Operations	1,000	41,247
3	1408 Management Improvements	56,550	
4	1410 Administration	1,082	856
5	1411 Audit (30%)	4,440	4,440
6	1415 Liquidated Damages	0	
7	1430 Fees and Costs	30,000	30,000
8	1440 Site Acquisition	0	
9	1450 Site Improvement	31,200	27,115
10	1460 Dwelling Structures	299,135	266,199
11	1465.1 Dwelling Equipment—Nonexpendable	0	
12	1470 Non-dwelling Structures	153,000	150,000
13	1475 Non-dwelling Equipment	0	
14	1485 Demolition	0	
15	1490 Replacement Reserve	0	
16	1492 Moving to Work Demonstration	0	
17	1495.1 Relocation Costs	0	
18	1499 Development Activities	0	
19	1501 Collateralization or Debt Service	0	
20	1502 Contingency	0	
21	Amount of Annual Grant: (sum of lines 2 – 20)	576,407	576,407
22	Amount of line 21 Related to LBP Activities	0	
23	Amount of line 21 Related to Section 504 compliance	0	
24	Amount of line 21 Related to Security – Soft Costs	7,500	
25	Amount of Line 21 Related to Security – Hard Costs	30,000	
26	Amount of line 21 Related to Energy Conservation Measures		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Rep Part II. Summary

Part III: Supporting Pages

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)						
Part II: Supporting Pages						
PHA Name: Newport Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-P060-501-08 Replacement Housing Factor Grant No:				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
TN37PO60001 Col. C. T. Rhyne Homes	Tile bathrooms, with new thresholds Complete range hoods, installation Remove Sweet Gum Trees Replace original sewer, vent pipe * Replace elderly/HC air conditioning Sidewalk trip hazards	1460 1460 1450 1460 1460 1450	112 52 2 112 21 LS	16,800 4,000 3,000 7,515 58,275 12,000	18,935 10,804 0 0 69,692 14,538	18,935 10,804 3,000 0 69,692 14,538
	SUB-TOTAL		101,590	116,969	116,969	116,969.77
TN37PO60002 Dr. Dennis Branch Homes	Remove Sweet Gum Trees Replace elderly/HC air conditioning Replace original sewer, vent pipe *	1450 1460 1460	LS 3 8	1,000 8,325 1,000	1,000 10,250 0	1,000 10,250 0
	SUB-TOTAL		10,325	11,250	11,250	11,250.05

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name: Newport Housing Authority		Grant Type and Number		Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Capital Fund Program Grant No: TN37-PO60-501-08 Replacement Housing Factor Grant No:	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
Dev. Acct No.	Original	Revised	Funds Obligated	Funds Expended		
TN37PO60003	Paint Exterior handrails	1450	LS	1,000	172	172.23
Mayor Fred M. Valentine, Jr. Homes						
	SUB-TOTAL			1,000	172	172.23
TN37PO60004	Replace estimated 50% receptacles and switches	1460	As needed	5,315	745	745.00
Myers & Runnion Homes *	Replace original sewer lines	1460	4	6,000	0	0
	Resurface retainer walls, family units	1450	30	10,000	7,271	7,271.13
	Paint Exterior handrails	1450	LS	2,000	494	493.04
	SUB-TOTAL			23,315	8,510	8,509.17
TN37PO60005	Bathrooms, family units *	1460	36	20,260	1,783	1,783.47
Elizabeth S. Jones Homes	Replace estimated 50% receptacles and switches	1460	As needed	7,545	1,761	1,760.89
	Bedroom lights (71)	1460	120	6,000	3,374	3,373.83
	Paint Exterior handrails	1450	LS	1,000	172	172.24
	SUB-TOTAL			34,805	7,090	7,090.43

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name: Newport Housing Authority		Grant Type and Number		Federal FY of Grant: 2008	
Development Number	General Description of Major Work Categories	Capital Fund Program Grant No.: TN37-P060-501-08	Capital Fund Program Grant No.: TN37-P060-501-08	Total Actual Cost	Status of Work
Name/HA-Wide Activities	Dev. Acct No.	Quantity	Total Estimated Cost	Funds Obligated	Funds Expended
TN37PO60006	Replace window inserts	1460	50	2,000	0
James W. Briggs	Replace estimated 50% receptacles and switches	1460	As needed	5,950	1,223
	Install dampers in range hood ducts	1460	56	5,800	1,420
	Paint exterior handrails	1450	As needed	1,000	172
	Replace closet door tracks	1460	56	8,740	10,380
	SUB-TOTAL			23,490	13,195
					13,195
TN37PO60007	New Administrative office	1470	1	150,000	150,000
Mayor Jeanne Y. Wilson Homes	Replace elderly//HC air conditioning	1460	2	5,025	6,228
	Paint exterior handrails	1450	As needed	200	296
	Window inserts and labor	1460	20	500	0
	Pressure wash and paint overhang/Mims Clinic	1470	1	3,000	0
	Replace dryer receptacles with 4 prong type	1460	40	800	1,157
	SUB-TOTAL			159,525	157,681
					157,681
TN37PO60009	Pressure wash and paint overhang	1460	1	5,000	2,332
Rhea-Mims Hotel bldg.	Includes Mims Clinic, 60-7				
	SUB-TOTAL			2,332	2,332
					2,331.65

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name: Newport Housing Authority		Grant Type and Number		Federal FY of Grant: 2008	
Development Number	General Description of Major Work Categories	Capital Fund Program Grant No.: TN37-PO60-501-08	Capital Fund Program Grant No.: TN37-PO60-501-08	Total Actual Cost	Status of Work
Name/HA-Wide Activities	Dev. Acct No.	Quantity	Total Estimated Cost	Funds Obligated	Funds Expended
PHA-Wide Operations	1406	1,000	41,247	41,247	41,246.72
VISTA Volunteer	1408	0			
Neighborhood Watch Program (1)	1408	0			
Security Coordinator	1408	48,550	43,550	43,550	43,549.93
Improve Rent Collections (1)	1408	0			
Resident Services Coordinator (1)	1408	0			
*Fringe Benefits and related costs below	1460	88,925	91,164	91,164	
1460.510 Accounts					
1460.A510 Auto Liability Ins.	600			600	600.00
1460.F510 Fringe benefits	74,509			74,509	74,508.27
1460.G510 Gasoline	3,112			3,112	3,112.08
1460.L510 Annual/sick leave	10,768			10,768	10,767.59
1460.V510 Vehicle repairs	1,698			1,698	1,697.34
1460.W510 Workman Comp	477			477	476.53
Crime/Security Equipment	1408	0			
Resident counsel					
Sundry/Advertising	1410	1,082	856	856	856.24
Staff Training (as needed)	1410	0			
MOD Supervisor	1460	35,360	34,952	34,952	34,952.34
A/E Firm, consultants	1430	30,000		30,000	30,000.00
Audit (30%)	1411	4,440		4,440	4,440.00
Contingency	1502	0			
Replacement Reserves	1490	0			
TCAC AmeriCorps, CCP (1)	1408	8,000	13,000	13,000	13,000.00
SUB-TOTAL		217,357	259,209	259,209	259,207.04

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part III: Implementation Schedule

PHA Name: Newport TN Housing Authority	Grant Type and Number Capital Fund Program No: TN37-P060-501-08 Replacement Housing Factor No:	Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised
TN37-PO60-001 Rhyme Homes	06/13/2010			06/13/2012	
TN37-PO60-002 Dr. Branch Homes	06/13/2010			06/13/2012	
TN37-PO60-003 Mayor Valentine Homes	06/13/2010			06/13/2012	
TN37-PO60-004 Myers & Runnion Homes	06/13/2010			06/13/2012	
TN37-PO60-005 Elizabeth Jones Homes	06/13/2010			06/13/2012	
TN37-PO60-006 James W. Briggs Homes	06/13/2010			06/13/2012	
TN37-PO60-007 Mayor Wilson Homes	06/13/2010			06/13/2012	
TN37-PO60-009 Rhea-Mims Hotel	06/13/2010			06/13/2012	
PHA-WIDE	06/13/2010			06/13/2012	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2009 FFY of Grant Approval: 2009
PHA Name:	Grant Type and Number Capital Fund Program Grant No.: TN37-PO60-501-09 Replacement Housing Factor Grant No.: Date of CFPF:			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-10		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Original	Revised ²	Total Actual Cost ¹ Expended
1	Total non-CFP Funds	1,000.00	0	0
2	1406 Operations (may not exceed 20% of line 2) ³	67,636.00	67,636.00	28,421.39
3	1408 Management Improvements	1,000.00	1,000.00	137.26
4	1410 Administration (may not exceed 10% of line 2)	4,785.00	4,785.00	4,785.00
5	1411 Audit	0.00	0.00	0
6	1415 Liquidated Damages	14,475.00	14,475.00	14,475.00
7	1430 Fees and Costs	0.00	0.00	0
8	1440 Site Acquisition	2,000.00	0.00	0
9	1450 Site Improvement	334,420.00	0.00	0
10	1460 Dwelling Structures	151,091.00	204,019.00	29,261.07
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0
12	1470 Non-dwelling Structures	0.00	0.00	0
13	1475 Non-dwelling Equipment	0.00	0.00	0
14	1485 Demolition	0.00	0.00	0
15	1492 Moving to Work Demonstration	0.00	0.00	0
16	1495.1 Relocation Costs	0.00	0.00	0
17	1499 Development Activities ⁴	0.00	0.00	0

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: FRY of Grant:2009)	<input type="checkbox"/> Final Performance and Evaluation Report (revision no: FRY of Grant Approval: 2009)
PHA Name: Newport Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-PO60-501-09 Replacement Housing Factor Grant No: Date of CFP:				

Line	Summary by Development Account	Total Estimated Cost			Total Actual Cost ¹
		Original	Revised ²	Obligated	
18a	1501 Collateralization or Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant: (sum of lines 2 - 19)	576,407.00	629,335.00	423,140.00	256,511.02
21	Amount of line 20 Related to LBP Activities	0.00			
22	Amount of line 20 Related to Section 504 Activities	0.00			
23	Amount of line 20 Related to Security - Soft Costs	45,636.00			
24	Amount of line 20 Related to Security - Hard Costs	0.00			
25	Amount of line 20 Related to Energy Conservation Measures	10,600.00			
Signature of Executive Director <i>[Signature]</i>		Date: 4-13-10	Signature of Public Housing Director		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

23 & 24 – No explanation of “soft” and “hard” costs

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Newport Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: TN37-PO60-501-09
 CFFP (Yes/ No): No
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
				Original	Revised ¹	Funds Obligated ¹	Funds Expended ²
TN060-001 Col. C.T. Rhyne Homes	Dedicated circuit for refrigerators Front & Rear door – frames only	1460 1460	112 37	7,280.00			
	Replace bathtub drains in 2 & 3 BR	1460	70	21,000.00			
	Replace sewer lines, Runnion St.	1460	18	32,400.00			
	Porch, replace brick, 647 Myers Cr.	1460	1	1,500.00			
TN060-002 Dr. Dennis Branch Homes	Dedicated circuit for refrigerators	1460	8	520.00			
TN060-003 Mayor Fred M. Valentine Jr. Homes	Dedicated circuit for refrigerators	1460	46	2,990.00			
TN060-004 Myers & Runnion Homes	Dedicated circuit for refrigerators Exterior porch receptacles (front & back)	1460 1460	50 100	3,250.00 3,000.00			
	Landscape, drainage, 337 Graham & 336 Alex St.	1450	2	2,000.00			
TN060-005 Elizabeth S. Jones Homes	Dedicated circuit for refrigerators Floor tile & vinyl baseboard	1460 1460	71 71	4,615.00 88,000.00			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Newport Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: TN37-PO60-501-09
 CFFP (Yes/ No): No
 Replacement Housing Factor Grant No:

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
PHA-WIDE	Operations	1406		1,000.00		0	
	VISTA Volunteer	1408	1	13,000.00		13,000.00	Complete
	Neighborhood Watch Program	1408	1	0.00		0	
	PHA Security	1408		45,636.00		45,636.00	On going
	Improve Rent Collections	1408	1	0.00		0	
	Resident Services Coordinator	1408	1	0.00		0	
	Crime/Security Equipment, Resident Council	1408	LS	0.00		0	
	Staff Training (as needed)	1408	LS	0.00		0	
	TCAC AmeriCorps, CCP	1408	1	9,000.00		9,000.00	Complete
	Sundry/Advertising	1410	LS	1,000.00		1,000.00	137.26 On going
	A/E Firm	1430	LS	14,475.00		14,475.00	Complete
	Audit (30%)	1430	LS	4,785.00		4,785.00	0 pending
	Contingency	1502	LS	0.00		0	
	Replacement Reserves		0.00			0	
	Automobile Liability Insurance	1460.A512	LS	800.00		800.00	582.05 On going
	Gasoline	1460.G512	LS	3,000.00		3,000.00	1,556.71 On going
	Annual/Sick Leave	1460.L512	LS	13,570.00		13,570.00	1,443.81 On going
	Vehicle Repair	1460.V512	LS	2,000.00		2,000.00	1,111.56 On going
	Workmen Comp	1460.W512	LS	11,500.00		11,500.00	0 Pending
	Mod Supervisor (4%)	1460.M512	1	36,775.00		36,775.00	6,968.35 On going
	Fringe Benefits (1) Mod Supervisor, Const. Crew	1460.F512		63,580.00		63,580.00	17,598.39 On going

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part III: Implementation Schedule for Capital Fund Financing Program
PHA Name: Newport Housing Authority

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	Federal FFY of Grant: 2009
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
TN060-001	09/15/2011		09/15/2013			
TN060-002	09/15/2011		09/15/2013			
TN060-003	09/15/2011		09/15/2013			
TN060-004	09/15/2011		09/15/2013			
TN060-005	09/15/2011		09/15/2013			
TN060-006	09/15/2011		09/15/2013			
TN060-007	09/15/2011		09/15/2013			
TN060-009	09/15/2011		09/15/2013			
PHA-WIDE	09/15/2011		09/15/2013			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

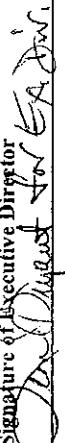
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

PHA Name:		Grant Type and Number Capital Fund Program Grant No.: Date of CFFP: TN37S06050109	3-18-09	Replacement Housing Factor Grant No: <input checked="" type="checkbox"/>	FFY of Grant: 2009 ARRA
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-10				
Type of Grant		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ¹	Total Actual Cost ²
		Obligated		Obligated ³	Expended
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 2) ⁴				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 2)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$729,617.00			\$729,617.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service Paid by the PHA				
18ba	9000 Collateralization or Debt Service Paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

- ¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008 ARRA	
PHA Name: Newport, TN Housing Authority	Grant Type and Number Capital Fund Program Grant No: 3-18-09 Date of CFFP: TN3/S06950109	Replacement Housing Factor Grant No:	FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-10	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line 10 Summary by Development Account 1460 Dwelling Structures, HVAC	Total Estimated Cost Original Date 4-13-10	Revised ² Obligated Date 4-13-10	Total Actual Cost ¹ Expended Date
Signature of Executive Director 	Signature of Public Housing Director		

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages		PHA Name: Newport, TN Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37S06050109		CFFP (Yes/No): No		Federal FFY of Grant: 2009 ARRA	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Quantity	Total Estimated Cost	Original	Revised ¹	Obligated ²	Funds Expended ²	Total Actual Cost	Status of Work
TN0-060-1	Replace AC with heat pump 0, 1 & 2 bedroom	1460	48	127,200		127,200	141,249.03		
TN0-060-2	Replace AC with heat pump 2 bedroom	1460	1	2,650		2,650	2,935.66		
TN0-060-3	Replace AC with heat pump 1 & 2 bedrooms, 3 & 4 bedroom, 2 ton unit	1460	35	92,750				107,045.92	
TN0-060-4	Replace AC with heat pump 0, 1 & 2 bedroom	1460	39	103,350				103,350	91,383.60
TN0-060-5	Replace AC with heat pump 1 & 2 bedroom	1460	59	156,350				156,350	154,265.59
TN0-060-6	Replace AC with heat pump 1 & 2 bedroom	1460	52	137,800				137,800	152,025.09

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**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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2 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

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Newport Housing Authority

440 LENNON CIRCLE
NEWPORT, TENNESSEE 37821

Richard G. Harwood, Chairman
Charlotte J. Mims, Vice-Chairwoman
Gail Woods
Polly E. Palmer
Lawrence W. Ammons, Sr.



Charlie W. Boggan, PHM
Executive Director
Secretary-Treasurer
423-623-1575
Fax 423-625-0386

June 07, 2010

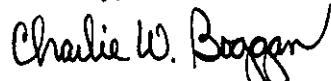
To Whom It May Concern:

Subject: CFP 2010, Grant Application, TN37P06050110

A public hearing was held on Monday, June 7, 2010 at 11:00 a.m. at the Leon Bryant Administration Building, 440 Lennon Circle, Newport, TN. The minutes of that meeting are attached.

The comments by the nine (9) residents, who attended the hearing, pertained to items which are normally addressed by routine work orders. A few of their current concerns could become CFP items in the future, such as ceiling fans in the units and more bathroom tubs replaced by walk-in showers, especially in senior adult apartments. There were no comments by any tenant regarding the CFP 2010 grant application.

Sincerely,



Charlie W. Boggan
Executive Director
Newport Housing Authority

Newport Housing Authority

440 LENNON CIRCLE
NEWPORT, TENNESSEE 37821

Richard G. Harwood, Chairman
Charlotte J. Mims, Vice-Chairwoman
Gail Woods
Polly E. Palmer
Lawrence W. Ammons, Sr.



Charlie W. Boggan, PHM
Executive Director
Secretary-Treasurer
423-623-1575
Fax 423-625-0386

April 2, 2010

The Newport Plain Talk
P.O. Box 279
Newport, TN 37821

Gentlemen:

Subject: NHA FY 2010, Annual Plan, Public Hearing

Please run the attached "Notice of Public Hearing" in the Tuesday and Thursday, April 6th and April 8, 2010 issue of your newspaper one column in width.

Sincerely,

Leon Bryant

Enclosure: 1

Col. C.T. Rhync Homes
Dr. Dennis Branch Homes
Rhea - Mims Hotel

Mayor Fred M. Valentine, Jr. Homes
Fred L. Myers Homes
Charles S. Runnion, Jr. Homes

Elizabeth Stokely Jones Homes
James W. Briggs Homes Mayor
Jeanne Y. Wilson Homes

NOTICE OF PUBLIC HEARING

The Newport Housing Authority (NHA) is preparing an Agency Plan for FY 2010 as required by the Quality Housing and Work Responsibility Act of 1998. A Preliminary copy of the plan will be available for review between the hours of 9:00 a.m. -11: 30 a.m. and 1:00 p.m. - 4:00 p.m. at the Newport Housing Authority, 440 Lennon Circle, Newport, Tennessee. A public hearing will be held at 11:00 a.m. on Monday, June 7, 2010 at the office of the NHA, 440 Lennon Circle, Newport, Tennessee to receive comments on the Agency Plan. An Equal Opportunity Agency

Newport, TN Housing Authority (NHA)
440 Lennon Circle
Newport, TN 37821

Minutes of the Public Hearing Held June 7, 2010 for CFP 2010

Notice of Public Hearing – The NHA advertised for a public hearing in the local newspaper on April 6 and 8, 2010. See attached notice for the June 7, 2010 public hearing at 11:00 a.m. at the Leon Bryant Administration Building, 440 Lennon Circle, Newport, TN.

NHARAC – The executive director meets with the resident advisory council each month on the 2nd Monday at 4:00 .m. The capital fund programs are discussed at each of the meetings; resident input is encouraged and requested.

Minutes of Public Hearing – The above referenced public hearing was held with the following persons attending: Charlie W. Boggan, Executive Director (NHA); Walter Cole, Compliance Officer, (NHA); Helen F. Pierce, Resident Services Coordinator, resident of 428 Driskill Circle; Polly Palmer, NHA Resident Commissioner, resident of 335 E Broadway; Donna Winberg, 358 Driskill Circle; Kelly Wright, 236 Larmie Circle; Diana Howell, 418 Briggs Avenue; Sarah Nowland, 240 Bowman Drive; Denise Shady, 222 Bowman Drive; Deborah Fulayter, 410 Briggs Avenue; and Jessica Wright, 245 Larmie Circle.

Executive Director Boggan gave a brief overview of the items contained in the annual plan in addition to the five year plan. After his explanation, the Executive Director entertained any questions or comments on the five year plan. All the comments pertained to items normally addressed by routine work orders. There were no comments by any resident regarding the CFP 2010 grant application. Denise Shady asked what could be done to the bees which gather around the mail boxes attached to the apartment units in the Bryant Town area. Kelly Wright added that her problem consisted of insects coming out of the ground around the foundation of her unit. Resident Commissioner Polly Palmer stated that the bathroom tubs in the units of the second floor of the Rhea Mims Hotel needed to be equipped with stabilizing bars for added security for entrance/exit to the shower tubs. Diana Howell stated the units needed some fans, preferably ceiling fans, to move the air about her unit. Polly Palmer, who has resided at her unit for eight years, asked for a clarification of the painting policy. Ample time for consideration of each suggestion was given during the process. The meeting lasted for an hour and a half, being brought to an end at approximately 12:30 p.m.

Prepared by Charlie W. Boggan, Executive Director, NHA

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and Annual PHA Plan for the PHA fiscal year beginning 10/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Newport Housing Authority

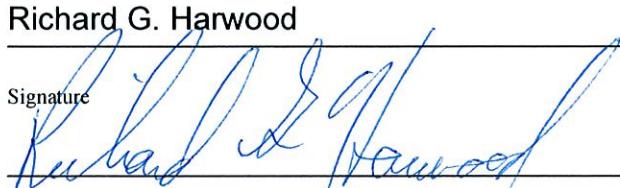
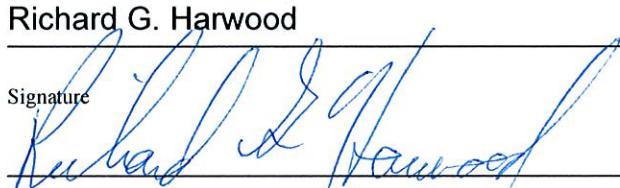
TN060

PHA Name

PHA Number/HA Code

- 5-Year PHA Plan for Fiscal Years 2010 - 2014
- Annual PHA Plan for Fiscal Year 2010

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Richard G. Harwood	Title 	Board Chairman
Signature 	Date	06/21/2010

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof.

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

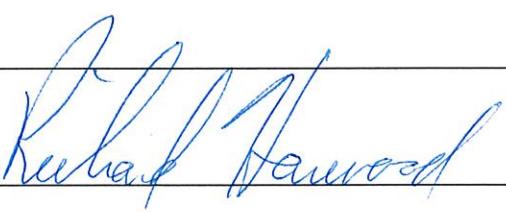
Newport Housing Authority

TN60

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Richard G. Harwood	Title	Board Chairman
Signature		Date	06/21/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> b. a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> b. a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Newport Housing Authority 440 Lennon Circle Newport, TN 37821	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Charlie W. Boggan</u> Print Name: Charlie W. Boggan Title: Executive Director Telephone No.: 423-623-1575 Date: 06/21/2010	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Newport Housing Authority, Newport, TN

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

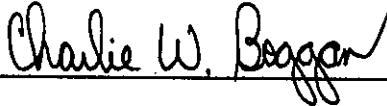
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Charlie W. Boggan	Title Executive Director
Signature 	Date (mm/dd/yyyy) 06/21/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Newport Housing Authority, Newport, TN

Program/Activity Receiving Federal Grant Funding

Capital Fund Program 2010

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

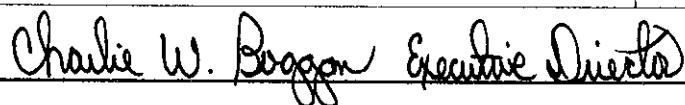
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

All Developments of Newport Housing Authority

Check here if there are workplaces on file that are not identified on the attached sheets.

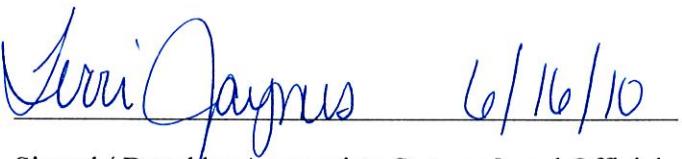
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Charlie W. Boggan	Title Executive Director
Signature 	Date June 21, 2010

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Terri Jaynes the Planning Coordinator certify that the Five Year and Annual PHA Plan of the Newport Housing Authority is consistent with the Consolidated Plan of State of Tennessee prepared pursuant to 24 CFR Part 91.



Terri Jaynes 6/16/10

Signed / Dated by Appropriate State or Local Official